



Hospital Smallpox Vaccination Monitoring System (HSVMS)

Adverse Event Monitoring

Date:	Vaccination Number:
Year of Birth:	Vaccination date:

1	Date:											
	Day:	Day of Vaccination	1	2	3	4	5	6	7	8	9	10
	At Work											
	At work with restrictions											
	Out due to illness											
	Planned day off											

2	Date:											
	Day:	11	12	13	14	15	16	17	18	19	20	21
	At Work											
	At Work with restrictions											
	Out due to illness											
	Planned day off											

2 Information obtained: In-person By phone Other, specify: _____

Symptoms Reported by Vaccinee

3 Record any SYMPTOMS reported by vaccinee today or on the days since the last contact. If symptoms reported, indicate whether the symptoms were mild, moderate, or severe. MILD symptoms do not interfere with daily activities; MODERATE symptoms interfere/limit routine activities; SEVERE symptoms are those that prevent worker from performing routine duties.

No reported symptoms

Fever >38°C(100.4°F) No Yes

	No	Mild	Moderate	Severe
Pain at vaccination site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Itching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swollen/tender lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye redness/drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____			

Examination of Dressing and Site

4 Record the worker's TEMPERATURE, if available (optional): _____

5 Is the healthcare worker wearing long sleeves today to cover the vaccine site? Yes No

6 Is the vaccination site dressed with gauze covered by a semi-permeable membrane?

Yes No If no, describe (optional): _____

If Yes, select type:

- gauze covered with single Tegaderm™
- gauze covered with double Tegaderm™
- gauze covered with single Opsite™
- gauze covered with double Opsite™
- Telfa™ covered with single Tegaderm™
- Telfa™ covered with double Tegaderm™
- Telfa™ covered with single Opsite™
- Telfa™ covered with double Opsite™
- Allevyn™
- Tielle™
- Don't know

7 What is the condition that best describes the site dressing?

- Intact, no drainage
- Intact, with drainage
- Intact, copious drainage
- Non-intact (loose), no drainage
- Non-intact (loose), with drainage

8 Was vaccination site uncovered to do this exam? Yes No

9 Record any physical findings at or beyond the vaccination site: None

Findings at the vaccination site:

- Papule Pustule Scab Tenderness Swelling
- Vesicle Ulcer Erythema/redness Warmth Other, specify: _____

Findings beyond the vaccination site:

- Streaks on arm Rash generalized, describe: _____
- Skin reaction >3 inches Oral lesions, describe: _____
- Satellite lesions Other, specify: _____

10 Has the scab fallen off?

No scab formed No Yes, if yes: Month ____ Day: ____ Year ____

11 Was a vaccine "take" (major reaction) noted? (Should be answered between day 6 and 8 inclusive)

Yes No If yes, indicate date: Month ____ Day: ____ Year ____

12 Was the dressing changed during today's examination? Yes No

13 Please indicate what medication(s), if any, were prescribed today? (select all that apply)

- None Antibiotic/Antimicrobial
- Analgesic/Antipyretic Other, specify _____
- Antihistamine/Antipruritic

14 Today's outcome:

- Returned to work without restrictions Sent home due to illness Referred for medical evaluation
- Returned to work with restrictions Hospitalized specify: _____

15 Examiner Code: _____ (optional)

16 User Optional Fields:

a)

b)

c)

HSVMS complies with the provisions of the Privacy Act as described below. The Centers for Disease Control and Prevention is requesting this information under the authority of Section 311 of the Public Health Service Act (42 U.S.C. 243), the NCVIA (42 U.S.C. 300aa-2(a)), and Section 304 of the Homeland Security Act of 2002 (Pub. L. No. 107-296). The information will be used in the analysis and follow-up of significant events associated with smallpox vaccination. Furnishing the requested information is voluntary; however, with more complete information, public health objectives, such as adequate monitoring and follow-up of potential adverse events, are more readily achievable. Information may be shared with authorized U.S. Department of Health & Human Services' personnel and public health or cooperating medical authorities. State health departments may have access to the collected information for their specific state.